



QR code for  
mobile view



Abbreviations (lab & radiology excluded):	
IBS:	Irritable bowel syndrome
PPI:	Proton pump inhibitors
H2:	Histamine
RUQ:	Right upper quadrant
RLQ:	Right lower quadrant
IBD:	Inflammatory bowel disease
GI:	Gastrointestinal

Red flags:	
• Weight loss/poor growth	
• RUQ pain	
• Bilious (green) vomiting	
• RLQ pain	
• Severe chronic diarrhea	
• Perianal disease	
• Blood in emesis or stools	
• Fever or arthritis	
• Family history of IBD or celiac disease	
• Dysphagia	

If no red flags, then consider criteria for dyspepsia or IBS (only requires one symptom to make the diagnosis):

#### Dyspepsia

- Epigastric pain or burning
- Early satiety
- Postprandial bloating

#### IBS

- Change in stool form
- Change in stool frequency
- Pain with a stool

Patient presents with recurrent / persistent Abdominal Pain (present for at least 30 days)

Red flags for pathology requiring work-up?  
Yes → Consider Red Flag Evaluation tests and refer to GI Clinic

Does the pt. have Dyspepsia or IBS symptoms?  
No → Off Guideline

Dyspepsia → Does pt. have Heartburn?  
IBS → Constipation or Constipation & Diarrhea?

Heartburn → PPI (1-2 mg/kg/day)  
Constipation or Constipation & Diarrhea → H2 Antagonist 1mg/kg/dose BID Max Dose: 20mg BID famotidine

#### Follow-up in 2 weeks:

- Resolved: Complete 8 weeks of treatment
- Partially resolved after 2 weeks of treatment: Follow-up after two additional weeks
- Not resolved: Refer to GI clinic

#### Follow-up in 2 weeks:

1. If symptoms improving, continue chronic constipation management
2. If pain persists though constipation resolved, refer to GI clinic

**Exclusion Criteria:**  
• Less than 6 years of age  
• Developmental delayed and non-verbal

**Education Handouts:**  
[Unstuck: Family Guide to Constipation](#)  
[Learning to Swallow Pills](#)  
[Heartburn](#)  
[Lactose & Fructose Restriction Diet](#)  
[Lactose Intolerance](#)  
[Fructose Intolerance](#)  
[Bristol Stool Scale](#)  
[Managing Functional Constipation \(Providers\)](#)

[School Accommodations Letter](#)

Diarrhea or Constipation/Diarrhea → Restrict lactose and fructose (link to handout)

Follow-up in 2 weeks:  
Diarrhea and pain persists?

No → Continue restricted lactose or fructose diet  
Yes → 10 day trial of PO metronidazole 10mg/kg/dose TID (Max for start 250mg TID)  
If no response, refer to GI clinic  
Obtain dietitian consultation to assure nutritional adequacy of diet

#### Red Flag Evaluation

Alarm Sign or Symptom	Evaluation
• Weight loss	Complete blood count, urinalysis, C-reactive protein, stool calprotectin (or lactoferrin), and celiac serology
• Deceleration of growth	
• Delayed Puberty	
• Excessive vomiting	BMP, liver function tests, amylase, lipase, urinalysis, and abdominal ultrasound
• Right upper quadrant pain	
• Hematemesis or hematochezia	BMP, Complete blood count, C-reactive protein, stool calprotectin (or lactoferrin), celiac serology, and stool Giardia
• Right lower quadrant pain	
• Chronic diarrhea	
• Perianal disease	
• Systemic symptoms such as unexplained fever or arthritis	
• Family history of IBD or celiac disease	
• Dysphagia	Barium swallow

Note. Adapted from Schurman, J. V., Deacy, A. D., & Friesen, C. A. (2013, 2021). Recurrent abdominal pain. In B. Stevens, S. Walker, & W. Zempinsky (Eds.), *Oxford Textbook of Paediatric Pain*, pp. 289-297. Oxford, UK: Oxford University Press.

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For additional information, [link to synopsis](#)